

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/10/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G806		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/31/2012	
NAME OF PROVIDER OR SUPPLIER ARC OF NORTHWEST INDIANA INC, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 1441 WOODLAWN GRIFFITH, IN 46319			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W0000	<p>This visit was for a fundamental recertification and state licensure suvey.</p> <p>Dates of survey: August 28, 29, 30 and 31, 2012</p> <p>Facility number: 012713 Provider number: 15G806 AIM number: 100235340</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 9/7/12 by Tim Shebel, Medical Surveyor III.</p>			W0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>Based on record review and interview the facility failed to assure clients programs were monitored in regards to timely revisions for 1 or 3 sampled clients (client #3), and failed to assure active treatment objectives for 3 of 3 sampled clients (clients #1, #2 and #3) were monitored by the Qualified Mental Retardation Professional (QMRP).</p> <p>Findings include:</p> <p>A review of client #1's record was conducted at the facility's administrative office on 8/29/12 at 12:10 P.M.. Review of client #1's Individual Support Plan (ISP) dated 5/16/12 indicated the following: "Will continue to learn to stay on task...will continue to learn his address and street name...will independently make a purchase using 5 single dollar bills...will learn to print his address using a sample...will learn to match items by putting them away where they belong...Will use his communication book to express his wants and needs...will socialize with his peers by participating in</p>		W0159	<p>Service Coordinator will review and submit progress notes monthly for all clients. To ensure future compliance, Individual Program Coordinator will monitor individual Program plan files monthly to ensure documentation is provided and reviewed in a timely manner.</p>		09/20/2012	

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	<p>group activity...will continue to learn about his medications...will continue to learn to brush his teeth." A review of client #1's active treatment objective "Progress Note Summary" indicated no monthly review by a QMRP for the months of June 2012 and July 2012.</p> <p>A review of client #2's record was conducted at the facility's administrative office on 8/29/12 at 12:40 P.M.. Review of client #2's Individual Support Plan (ISP) dated 9/15/11 indicated the following: "Will learn about his medications...will learn diabetes information...will use the exercise bike in the gym once a month...will continue to learn to make purchases...will verbally identify the address of his group home...will continue to learn to take care of his personal bedroom...will learn to make sugar free snacks...will learn to brush his teeth after eating...will learn to communicate better by expanding his vocabulary beyond one word responses...will serve himself during meals according to placement of food...will use the exercise bike in the gym." A review of client #2's active treatment objective "Progress Note Summary" indicated no monthly review by a QMRP for the months of June 2012 and July 2012.</p>						

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	<p>A review of client #3's record was conducted at the facility's administrative office on 8/29/12 at 1:10 P.M.. Review of client #3's Individual Support Plan (ISP) dated 5/11/11 indicated the following: "Will continue to learn to complete a hygiene checklist...will continue to learn diabetic medications and the signs and symptoms...will continue to follow-up with his physicians and psychiatrist appointments...will learn to make healthy sugar free desserts...will learn to brush his teeth daily...will continue to learn to stay focused on work tasks...will learn the material handling job in which during down time he will learn how to count to 10...will learn to brush his teeth daily after lunch." A review of client #3's active treatment objective "Progress Note Summary" indicated no monthly review by a QMRP for the months of June 2012 and July 2012. Further review of the record failed to indicate client #3 had a more current ISP.</p> <p>An interview with the Service Coordinator (SC/QMRP) was conducted on 8/31/12 at 11:45 A.M.. The SC indicated clients' active treatment objectives should be reviewed monthly and entered into the data base immediately after review of the objectives to monitor progress or regression. The SC further indicated client #3's ISP was</p>						

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	the most current available. There was no documentation submitted for review to indicate the QMRP monitored each clients active treatment objectives or his ISP had been reviewed annually. 9-3-3(a)						

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W0192	<p>483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p> <p>Based on observation, record review and interview, the facility failed for 5 of 5 clients observed during medication administration (clients #1, #2, #3, #4 and #5) by staff not demonstrating skills and competency to administer medications as prescribed.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 8/28/12 from 5:40 A.M. until 8:15 A.M.. At 6:40 A.M., client #2 received his morning prescribed medications. Direct Support Professional (DSP) #1 administered his "Levothyroxine 50 mcg (microgram) tablet (thyroid)...1 tablet orally once a day...Take with plenty of water...Glimepiride 1 mg (milligram) tablet (high blood sugar)...1/2 tablet (.5 mg) orally once a day...Take with first meal of the day." Client #2 took a sip of water. Client #2 did not take his medication with plenty of water. Client #2 ate breakfast at 7:50 A.M.. Client #2 did</p>			W0192	<p>Service Coordinator and/or Community Services Nurse will train staff on proper medication administration focusing on following prescribed orders for each medication. To ensure future compliance, Community Services Nurse and/or Service Coordinator will observe medication administration at least one time per week for sixty days and then at least monthly thereafter.</p>		09/20/2012

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	<p>not take his medication with his first meal of the day.</p> <p>At 6:45 A.M., client #1 received his morning medications. DSP #1 administered his "Nabumetone 750 mg tablet (arthritis)...Take with plenty of water...Take with food...Docusate Sodium 100 mg capsule (stool softener)...Take with plenty of water." Client #1 took a sip of water. Client #2 did not take his medication with food and did not drink plenty of water during this medication administration.</p> <p>At 6:50 A.M., client #4 received his morning medications. DSP #1 administered client #4's "Klor-con 10 meq tablet (potassium)...Take with plenty of water...Thera M Tablet (supplement) tablet...Take with plenty of water." Client #4 took a sip of water. Client #4 did not take his medications with plenty of water during this medication administration.</p> <p>At 6:55 A.M., client #3 received his morning medications. DSP #1 administered client #3's "Metformin 850 mg tablet (diabetes)...Take with plenty of water...Take with food/meal...Thera M Tablet (supplement) tablet...Take with plenty of water...Glimepiride 4 mg tablet (diabetes)...Take with first meal of the day...Lithium Carbonate 300 mg capsule</p>						

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	<p>(bipolar)...Take with plenty of water...Take with food/meal." Client #3 took a sip of water. Client #4 did not take his medications with plenty of water or with food/meal during this medication administration.</p> <p>At 7:00 A.M., client #5 received his morning medications. DSP #1 administered client #5's "Celebrex 200 mg capsule (arthritis)...Take with food/meal." Client #5 did not take his medications with food/meal during this medication administration.</p> <p>An interview with the nurse was conducted on 8/31/12 at 11:20 A.M.. The nurse indicated staff should administer all medications as prescribed. The nurse further indicated staff should follow directions on medication labels on medication packets.</p> <p>9-3-3(a)</p>						

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W0248	<p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview, the facility failed to have updated Individual Support Plans (ISP) for 5 of 5 clients residing at the group home (clients #1, #2, #3, #4 and #5), available for all staff who worked at the group home.</p> <p>Findings include:</p> <p>Client #1, #2, #3, #4 and #5's records were reviewed at the group home on 8/28/12 at 7:30 P.M. Review of client #1's record failed to have an ISP. Review of client #2's record failed to have an ISP. Review of client #3's record failed to have an ISP. Review of client #4's record failed to have an ISP. Review of client #5's record failed to have an ISP. No further documentation was available for review to indicate client #1, #2, #3, #4 and #5's current ISPs were available for staff who worked with the clients at the group home.</p> <p>Interview with Direct Service Professional (DSP) #1 was conducted on</p>		W0248	<p>Individual Program Coordinator will complete ISP within the required time frame and provide the documentation to each group home following the scheduled IDT for each client. To ensure future compliance, the Service Coordinator will monitor the client files at the group home at least bi-monthly to ensure all documentation is present and current.</p>		09/20/2012	

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	<p>8/28/12 at 7:35 P.M.. DSP #1 indicated client #1, #2, #3, #4 and #5's most current ISPs were not available for the group home staff.</p> <p>A review of client #1's record was conducted at the facility's administrative office on 8/29/12 at 12:10 P.M.. The record indicated a most current ISP dated 5/16/12.</p> <p>A review of client #2's record was conducted at the facility's administrative office on 8/29/12 at 12:40 P.M.. The record indicated a most current ISP dated 9/15/11.</p> <p>A review of client #3's record was conducted at the facility's administrative office on 8/29/12 at 1:10 P.M.. The record indicated a most current ISP dated 5/11/11.</p> <p>A review of client #4's record was conducted at the facility's administrative office on 8/29/12 at 1:35 P.M.. The record indicated a most current ISP dated 5/3/12.</p> <p>A review of client #5's record was conducted at the facility's administrative office on 8/29/12 at 1:50 P.M.. The record indicated a most current ISP dated 5/7/12.</p>						

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	<p>An interview with the Service Coordinator (SC) was conducted on 8/31/12 at 11:40 A.M.. The SC indicated the group home staff should have updated ISPs for clients #1, #2, #3, #4 and #5.</p> <p>9-3-4(a)</p>						

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed to implement written objectives during times of opportunity for 3 of 3 sampled clients (clients #1, #2 and #3).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 8/28/12 from 5:40 A.M. until 8:15 A.M.. During the entire observation period clients #1, #2 and #3 sat in the living room. Direct Support Professional (DSP) #1 would occasionally walk through and visually check on clients #1, #2 and #3 but did not offer meaningful active treatment activities or implement client objectives.</p> <p>A review of client #1's record was conducted at the facility's administrative office on 8/29/12 at 12:10 P.M.. Review of client #1's Individual Support Plan</p>		W0249	<p>Service Coordinator will retrain staff on providing active treatment to each client. Service Coordinator will focus on aspects of learning opportunities as well as scheduled objectives. To ensure future compliance, the Service Coordinator will monitor the completion of the ISP for each client within ten days of the scheduled IDT. 9/28/12</p> <p>The Individual Program Coordinator will develop the ISP within 10 days of the IDT. The Service Coordinator will then ensure that all staff are trained on this ISP and that the document is available at the group home within 10 days of its completion. On a monthly basis the Lead Service Coordinator will monitor the completion of training in comparison with the date of each client's annual. This will ensure that staff are trained and that the ISPs and new objectives are in place.</p>		09/20/2012	

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	<p>(ISP) dated 5/16/12 indicated the following: "Will continue to learn to stay on task...will continue to learn his address and street name...will independently make a purchase using 5 single dollar bills...will learn to print his address using a sample...will learn to match items by putting them away where they belong...Will use his communication book to express his wants and needs...will socialize with his peers by participating in group activity...will continue to learn about his medications."</p> <p>A review of client #2's record was conducted at the facility's administrative office on 8/29/12 at 12:40 P.M.. Review of client #2's Individual Support Plan (ISP) dated 9/15/11 indicated the following: "Will learn about his medications...will learn diabetes information...will use the exercise bike in the gym once a month...will continue to learn to make purchases...will verbally identify the address of his group home...will continue to learn to take care of his personal bedroom...will learn to make sugar free snacks...will learn to communicate better by expanding his vocabulary beyond one word responses...will serve himself during meals according to placement of food."</p> <p>A review of client #3's record was</p>						

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	<p>conducted at the facility's administrative office on 8/29/12 at 1:10 P.M.. Review of client #3's Individual Support Plan (ISP) dated 5/11/11 indicated the following: "Will continue to learn to complete a hygiene checklist...will continue to learn diabetic medications and the signs and symptoms...will continue to follow-up with his physicians and psychiatrist appointments...will learn to make healthy sugar free desserts...will learn to brush his teeth daily...will continue to learn to stay focused on work tasks...will learn the material handling job in which during down time he will learn how to count to 10."</p> <p>The Service Coordinator (SC) was interviewed on 8/31/12 at 11:20 A.M.. The SC stated client objectives should be implemented "during times of opportunity." The SC further indicated clients #1, #2 and #3 should have been provided with meaningful active treatment activities during the morning observation period.</p> <p>9-3-4(a)</p>						

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W0260	<p>483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section.</p> <p>Based on record review and interview for 1 of 3 sampled clients (client #3), the Service Coordinator/Qualified Mental Retardation Professional (SC/QMRP) failed to revise their Individual Support Plan (ISP) within 365 days of the previous ISP.</p> <p>Findings include:</p> <p>A review of client #3's record was conducted on 8/29/12 at 1:10 P.M.. Client #3's record indicated a most recent ISP dated 5/11/11. There was no evidence of a more recent signed and dated ISP.</p> <p>An interview with the SC/QMRP was conducted on 8/31/12 at 11:45 A.M.. The SC indicated each client's ISP should be updated annually and further indicated client #3's was not updated.</p> <p>9-3-4(a)</p>		W0260	<p>The Individual Program Coordinator will complete ISPs for all clients within the required timeline. To ensure future compliance, the Service Coordinator will monitor the completion of the ISP for each client within ten days of the scheduled IDT.</p>		09/20/2012	

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W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, the facility failed to provide eyeglasses for 1 of 3 sampled clients (client #3) who required eyeglasses.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 8/28/12 from 5:40 A.M. until 8:15 A.M.. During the observation period, client #3 did not wear prescribed eyeglasses. At 6:30 A.M., client #3 asked Direct Support Professional (DSP) #1 when he was going to get his eyeglasses. DSP #1 stated "I don't know."</p> <p>A review of the facility's internal incident/accident reports was conducted on 8/28/12 at 3:45 P.M.. Review of the reports indicated:</p> <p>Incident report dated 7/12/12: "[Client #3] was sitting down eating his lunch and</p>		W0436	<p>The Health Care Managers, Community Services Nurse, and/or Service Coordinator will report all adaptive equipment breakage and send in any broken adaptive equipment to the appropriate repair center within twenty four hours of receipt. For wheelchair breakage Service Coordinator will contact the appropriate agency to report and schedule repair. To ensure future compliance, Service Coordinators and/or Community Services Nurse will monitor adaptive equipment at least bi-monthly for damage and needed repairs. Service Coordinator, Health Care Managers, and/or Community Services Nurse will continue follow up until repairs are completed and adaptive equipment is returned to the client.9/28/12</p> <p>Client #1 received his repaired glasses on 9/21/12. Client #2 received his repaired glasses on 9/24/12. Staff will monitor appropriate placement of Client #1 and all other clients twice daily and have been trained on reporting damaged adaptive equipment in a</p>		09/20/2012	

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	<p>his glasses just fell apart. The glasses were already broke, they just had glue and tape keeping them together."</p> <p>An evening observation was conducted at the group home on 8/28/12 from 5:30 P.M. until 7:40 P.M.. During the entire observation period, client #3 did not wear prescribed eyeglasses.</p> <p>A facility owned day program observation was conducted on 8/30/12 from 1:25 P.M. until 2:30 P.M.. During the observation period client #3 did not wear prescribed eyeglasses.</p> <p>Client #3's record was reviewed on 8/29/12 at 12:45 P.M.. A review of client #3's 10/26/11 vision exam indicated the client was prescribed eyeglasses to wear due to background diabetic eye disease.</p> <p>An interview with the group home Licensed Practical Nurse (LPN) was conducted on 8/31/12 at 11:20 A.M.. The LPN indicated client #3's eyeglasses were "probably sent out for repair."</p> <p>9-3-7(a)</p>				timely manner.		

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W0455	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation and interview, the facility failed to maintain proper hygiene practices and prevent cross contamination, during medication administration, for 5 of 5 clients (client #1, #2, #3, #4 and #5) whose oral medications were popped out of the containers onto the staff's bare hands and then put in each client's bare hands.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 8/28/12 from 5:40 A.M. until 8:15 A.M.. At 6:40 A.M., Direct Support Professional (DSP) #1 began administering client #2's medications. DSP #1 popped each of client #2's medications onto his bare hands and then placed each on into client #2's bare hands and then instructed client #2 to take his medications. Client #2 and DSP #1 did not wash their hands prior to DSP #1 popping client #2's medications onto their bare hands.</p> <p>At 6:45 A.M., Direct Support</p>		W0455	<p>Community Services Nurse and/or Service Coordinator will retrain staff on universal precautions for medication administration. To ensure future compliance, Service Coordinator and/or Community Service Nurse will observe medication administration at least one time per week for sixty days and at least bi monthly thereafter.</p>		09/20/2012	

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	<p>Professional (DSP) #1 began administering client #1's medications. DSP #1 popped each of client #1's medications onto his bare hands and then placed each on into client #1's bare hands and then instructed client #1 to take his medications. Client #1 and DSP #1 did not wash their hands prior to DSP #1 popping client #1's medications onto their bare hands.</p> <p>At 6:50 A.M., Direct Support Professional (DSP) #1 began administering client #4's medications. DSP #1 popped each of client #4's medications onto his bare hands and then placed each on into client #4's bare hands and then instructed client #4 to take his medications. Client #4 and DSP #1 did not wash their hands prior to DSP #1 popping client #4's medications onto their bare hands.</p> <p>At 6:55 A.M., Direct Support Professional (DSP) #1 began administering client #3's medications. DSP #1 popped each of client #3's medications onto his bare hands and then placed each on into client #3's bare hands and then instructed client #3 to take his medications. Client #3 and DSP #1 did not wash their hands prior to DSP #1 popping client #3's medications onto their bare hands.</p>						

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	<p>At 7:00 A.M., Direct Support Professional (DSP) #1 began administering client #5's medications. DSP #1 popped each of client #5's medications onto his bare hands and then placed each on into client #5's bare hands and then instructed client #5 to take his medications. Client #5 and DSP #1 did not wash their hands prior to DSP #1 popping client #5's medications onto their bare hands.</p> <p>An interview with the group home Licensed Practical Nurse (LPN) was conducted on 8/30/12 at 1:45 P.M.. The LPN indicated DSP #1 should have washed his hands and should have prompted clients #1, #2, #3, #4 and #5 to wash their hands prior to administering each client's medications.</p> <p>9-3-7(a)</p>						

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W0484	<p>483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation and interview, the facility failed for 5 of 5 clients (clients #1, #2, #3, #4 and #5) living in the group home to provide condiments and butter knives at the dining table.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 8/28/12 from 5:40 A.M. until 8:15 A.M.. At 7:45 A.M., clients #1, #2, #3, #4 and #5 ate breakfast which consisted of scrambled eggs, sausage and toast. There was no salt/salt substitute, pepper, butter, jelly, ketchup or butter knives on the table available for clients #1, #2, #3, #4 and #5's use.</p> <p>An interview with the Service Coordinator (SC) was conducted on 8/31/12 at 10:50 A.M.. The SC indicated condiments and knives should be put on the table for the clients to use at all meals.</p> <p>9-3-8(a)</p>	W0484	<p>Service Coordinator will retrain staff on active treatment, family style dining guidelines and meal preparation. To ensure future compliance, Service Coordinator will observe at least one meal service at least one time per week for sixty days and at least bi-monthly thereafter.</p>		09/20/2012		

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview, the facility failed to assure 5 of 5 clients living in the group home (clients #1, #2, #3, #4 and #5) participated in meal preparation and family style dining.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 8/28/12 from 5:40 A.M. until 8:15 A.M.. At 7:10 A.M., Direct Support Professional (DSP) #1 began cooking eggs, sausage and toast, as clients #1, #2, #3, #4 and #5 sat in the living room with no activity. At 7:45 A.M., DSP #1 placed already prepared plates on the dining table where clients #1, #2, #3, #4 and #5 sat with no activity. Clients #1, #2, #3, #4 and #5 did not assist in meal preparation and did not serve themselves.</p> <p>An interview with the Service Coordinator (SC) was conducted on 8/31/12 at 10:50 A.M.. The SC indicated clients #1, #2, #3, #4 and #5 were developmentally capable of participating in meal preparation and serving</p>		W0488	See W 484		09/20/2012	

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